

CM-I

County _____

Date _____

DETERMINING THE WEIGHTED CARE MANAGEMENT RATE

Direct Service Staff Worksheet

(DDES Model Form for HCBS – waivers)

1 Worker	2 Salary and Fringe \$	3 Total Hours	4 Vacation, Holidays, Sick Leave Hours	5 Net Available Hours (3 - 4)	6 Projected Billable CM Hours	7 Staff rate per hour (2 ÷ 6) \$	8 CM Staff Costs (6 X 7) \$
TOTAL	\$						

A

B

C

Weighted Care Management hourly rate: $A \div C = D$ \$ _____

Total direct service staff CM cost: $B \times D = E$ \$ _____
(Ratio Method Only)